RESTRICTED Security Information

THE SURGEON'S Circular Letter

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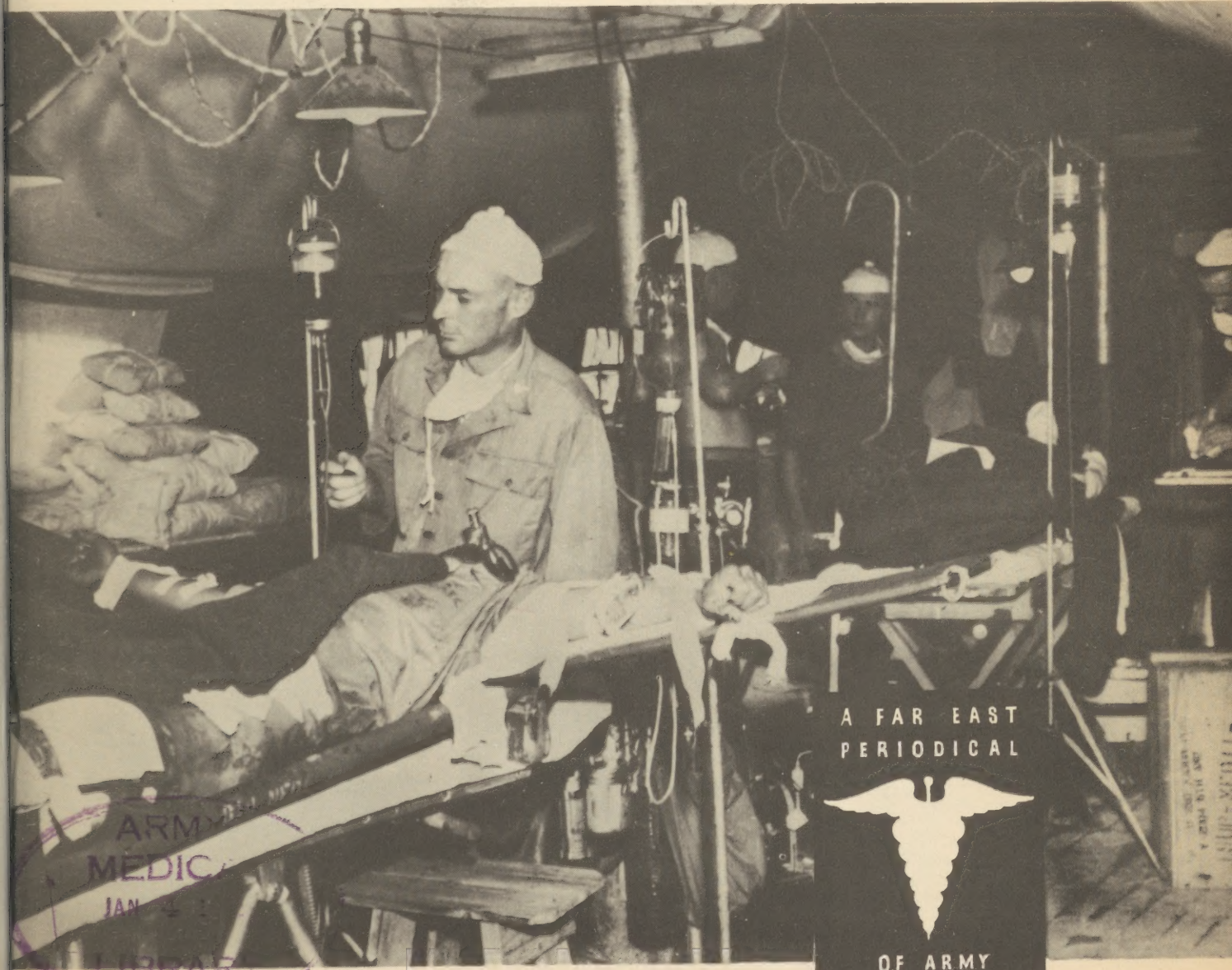
NUMBER - 11

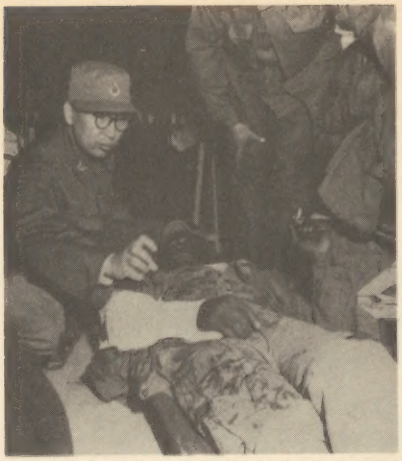


A FAR EAST PERIODICAL OF ARMY MEDICAL SERVICES INFORMATION

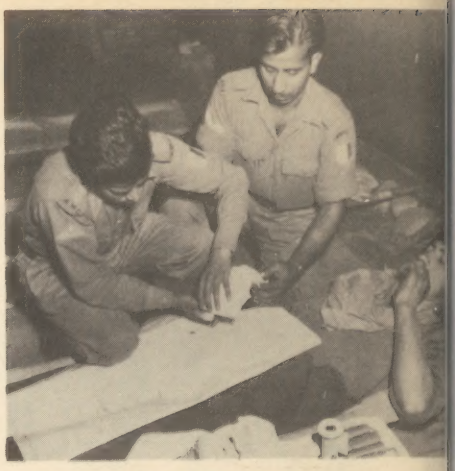
MEDICAL SECTION - GHQ - FEC, SCAP AND UNC APO 500

RESTRICTED Security Information

Wounded Chinese prisoners rest before resuming trek to PW enclosure

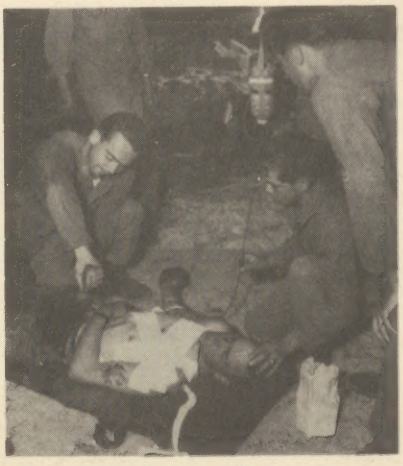


Thai Royal Army Surg General examines patient near front.



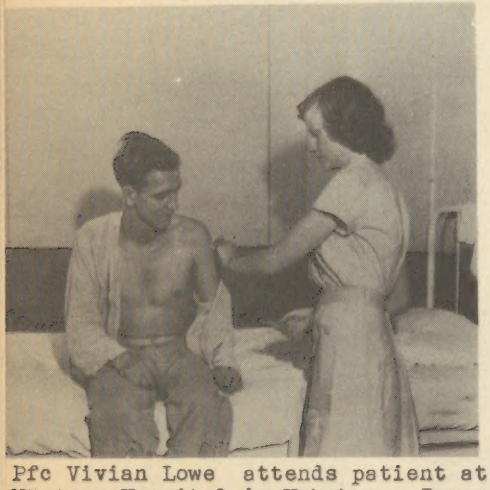
Members of Indian Fld Hospital Ur bandage hand of 8th Hussars troop

Italian Red Cross Hospital Personnel after arriving in Pusan in November.



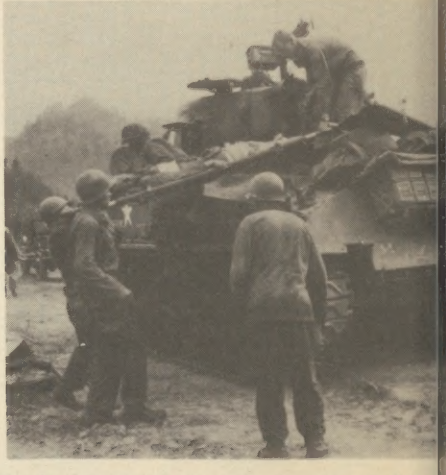
Wounded soldier receives blood plasma at aid station in Korea

G/A J. Lawton Collins awards Silv Star to AMEDS Cpl Theodore L. All



Pfc Vivian Lowe attends patient at US Army Hospital in Yokohama, Japan

Indian doctor gives medical treatment to child refugees



Tank doubles as ambulance as it ries wounded soldier to aid stat

THE SURGEON'S Circular Letter

Volume VI - Number 11

NOVEMBER 1951

General Headquarters
Far East Command
Medical Section
APO 500

ADMINISTRATIVE

BRIGADIER GENERAL WILLIAM E. SHAMBORA, NEW CHIEF SURGEON, FAR EAST COMMAND

Brigadier General William E. Shambora, who assumed the post of Chief Surgeon, Far East Command, early in November, began his career in the U. S. Army Medical Corps in 1925. He was extremely active during the mobilization and training period of World War II as Surgeon, Army Ground Forces. Through his association with officers and enlisted men at the Medical Field Service School and the Army Ground Forces he has become well-known by Army personnel.

General Shambora received the degree of Bachelor of Science in 1923 and Doctor of Medicine in 1925 from Georgetown University, Washington, D. C. After completing his internship at Fitzsimons General Hospital he attended the Army Medical School from which he was graduated in January 1927. This training was followed by a course at the Medical Field Service School, Carlisle Barracks, Pennsylvania. In June 1927, he rejoined the staff of the Fitzsimons General Hospital where he served until June 1928. During the following two years ending July 1930, he served a tour of duty in the Philippine Islands.

Upon returning to the United States, he was assigned to the 1st Medical Regiment at Carlisle Barracks as Company Commander and later as Executive Officer and at the same time also served as an instructor in the Medical Field Service School, a position which he held until 1933. For the next two years he pursued a course of study in the Command and General Staff School and was graduated in 1935. From

1935 to 1937, during the period in which tests were made of the Provisional Infantry Division at Fort Sam Houston, Texas, he served as Executive Officer of the 2nd Medical Regiment.

From August 1937 until July 1938 he attended the Army War College after which he held the position as Director of the Department of Military Art and the Department of Logistics, Medical Field Service School, Carlisle Barracks, until October 1941. He was then assigned as Assistant Surgeon, GHQ, Army War College, until March 1942 when he became Assistant Surgeon, Army Ground Forces. He was designated Chief Surgeon, Army Ground Forces, in December 1942, serving in that capacity until May 1944. He became the Surgeon, Ninth United States Army, upon activation of that Army in May 1944. He remained as Surgeon of the Ninth United States Army until its inactivation in October 1945.

He participated in campaigns in France, Belgium, Holland and Germany. He then joined the Second United States Army at Memphis as Surgeon and remained until March 1946 when he assumed duties as Commandant, Medical Department Schools at Fort Sam Houston, Texas. Upon reorganization of the Brooke Army Medical Center he was appointed Assistant Commandant of the Medical Field Service School which position he held until November 1947 when he became Chief Surgeon, United States Army, Pacific, with station at Fort Shafter, T. H. From 1 July 1950 to 1 October 1951 he was Surgeon, First Army, Governor's Island, New York.

On 1 November 1949 he was promoted to the grade of Brigadier General, Medical Department.

General Shambora has been awarded the Distinguished Service Medal, Legion of Merit, Army Commendation Ribbon, Legion of Honor, Croix de Guerre with Palm, Order of the British Empire, and Order of Freedom, USSR.

DEPARTING WOMEN OFFICERS DECORATED AT YOKOHAMA

Lt Colonel Elizabeth Mahoney, Chief Nurse, and Major Nell Wickliffe, Chief Dietitian, Japan Logistical Command, received special awards on 20 November for distinguished service while assigned to the Medical Section, JLC. Major General Walter L. Weible, Commanding General, JLC, made the presentations.

Colonel Mahoney was decorated with the Oak Leaf Cluster to the Legion of Merit and Major Wickliffe received the Legion of Merit. Colonel Mahoney previously had been awarded the Legion of Merit during World War II while serving as Chief Nurse, First Air Force, Mitchell Field, New York. Citations accompanying the awards lauded the two officers for their "exceptionally meritorious service" while with JLC.

Colonel Mahoney was cited for "overcoming seemingly insuperable obstacles while training technicians" and "successfully utilizing nurses from other countries of the United Nations" during the Korean conflict. Major Wickliffe was commended for "tenacious devotion to duty" while Chief Dietitian.

As Chief Nurse, Killarney-born Colonel Mahoney supervised all hospital nursing service throughout JLC. Before coming to Japan in July 1950 she was Chief of Air Force Nurses, Office of the Air Surgeon, Washington, D. C. She was Chief Nurse, Eighth Army, before receiving the JLC appointment in August 1950. Her military career began in May 1918 at Walter Reed Hospital where she served two years before returning to civilian life. She reentered the Army nursing service in April 1927.

Major Wickliffe, before graduation from the Army school for dietitians in 1929, taught home economics from 1925 to 1928 at Mellon High School, Palatka, Florida. Before coming to the Far East Command in October 1948 Major Wickliffe served for 18 years at what is now Brooke Army Hospital and at Walter Reed Hospital for two years. She was Chief Dietitian for the Eighth Army before joining JLC in August 1949.

Both officers returned to the United States on 23 November where Colonel Mahoney will retire after twenty-eight years as an army nurse and Major Wickliffe will assume the post of Chief, Women's Medical Specialist Corps.

MAJOR AYNES NEW CHIEF NURSE OF JAPAN LOGISTICAL COMMAND

Major Edith A. Aynes, former Chief Nurse at the 279th General Hospital, has been named Chief Nurse for Japan Logistical Command. Major Aynes will supervise all nurse activities in hospitals throughout the command succeeding Lt Colonel Elizabeth Mahoney who returned to the United States in November for retirement.

Major Aynes, who received her nurse's training at Presbyterian General Hospital, Denver, Colorado, has been a member of the Army Nurse Corps for more than seventeen years. She served in the reserve for six months in 1933 and joined the regular Nurse Corps in 1934. Since that time her Army service has been unbroken.

A graduate of the University of California, where she was awarded a BS degree in Nursing Education, she also has attended schools at the Orthopedic Hospital and the Post Graduate Hospital, New York City; Brooke Army Medical Center, Fort Sam Houston, Texas; and the Anesthesia School at Jewish Hospital, Philadephia. Before coming to Japan in January of this year, Major Aynes was stationed at Letterman Army Hospital, San Francisco.

A former member of the board of trustees of the North American Society of Nurses, she also holds membership in the National Nursing and Education League.

UNCACK OBSERVES FIRST ANNIVERSARY OF KOREAN OPERATIONS

November 3rd, 1951 marked the first anniversary of the organization of the United Nations Civil Assistance Command, Korea (UNCACK), operating agency of the Eighth United States Army.

This command was organized originally to prevent disease, starvation and unrest among the civilian population of Korea. Since that time its role has been enlarged. It now includes provision of material aid and technical assistance to sustain the war-ravaged nation's economy.

Summarizing the past year's activities of UNCACK, General James A. Van Fleet, Commanding General, United States Eighth Army, stated:

"The scope of this task can be appreciated when one considers that South Korea was almost entirely overrun by the Communist invaders, was fought over for months, suffered heavy damage to utilities, communications and industry, and suffered the loss of the capital city on two occasions.

"UNCACK is commanded by Brig. Gen. William E. Crist, U. S. Army. In his organization are 93 U.S. Army officers, five warrant officers, 192 enlisted men, 47 U.S. civilians and 48 civilians of other UN nations. The manner in which all have worked toward the accomplishment of the common mission is a credit to the nations represented.

"The consistent labors of UNCACK have provided succor and hope for the Korean in distress," he continued.

"As Commander of the United Nations Forces in Korea, I welcome this formal occasion to commend the efforts of UNCACK with a personal trust that these efforts will be continued," General Van Fleet concluded.

To carry out its mission, UNCACK now has a civil assistance team in every province. Working with Korean officials, they provide for the care of the sick and refugees, and give technical assistance in rehabilitation of housing and industry.

"It was just a year ago that the United Nations Civil Assistance Command, Korea, known as UNCACK, an agency of the Eighth United States Army, was born out of the unfortunate conditions attendant upon the Korean war," declared UNCACK's commanding general, Brig. Gen. William E. Crist. "Since that time, the Republic of Korea and UNCACK have worked hand in hand to alleviate these conditions, and to rebuild Korea to her rightful place as a free and prosperous nation.

"UNCACK was designed to assist the Korean authorities in caring for the civilian population of Korea. In this respect it has aided by providing food, shelter, clothing and medical care for nearly 4,000,000 refugees and other needy persons. Furthermore, our organization has advised and assisted the Republic of Korea in the rehabilitation of agriculture and industry and has helped to supply raw materials necessary to the restoration program.

"Since UNCACK was first formed, November 3, 1950, nearly 50,000,000 inoculations have been given as a means of preventing those diseases which could grow to epidemic proportions. As a result, the year has been marked by a low rate of sickness, without a single major epidemic, a great tribute to the planning and execution of the Public Health Program.

"The one thing that has made all of this possible, the greatest single factor standing between success and failure of the United Nations Relief Mission in Korea has been the thousands of tons of relief supplies which have been funneled through the ports of this nation as contributions from members of the United Nations and from various relief organizations around the world. The work done by UNCACK over the past year, therefore, represents the coordinated effort of the United Nations and that of the Korean authorities to alleviate the difficulties which have developed since the outbreak of the war.

"I know that the splendid cooperation which has thus far existed between the members of my command, the Korean Government officials and the people of Korea will be continued in the future. Those of us in the United Nations Civil Assistance Command hope that we may assist the great free nation of Korea to pass through the chaos and the destruction of war, and as soon as possible become a prosperous, peaceful, and happy member of the great family of the United Nations. "

ITALIAN HOSPITAL ARRIVES FOR KOREAN DUTY

Sixty-seven members of the Italian Red Cross Hospital arrived in Pusan 16 November to complete the complement of 70 doctors, administrative officers, nurses and corpsmen which make up the unit.

Lt Cesare Novello, Lt Gianluigi Ragazzoni and Sgt Giovanni Rovai, of the hospital staff, had reached Tokyo early in the month to formulate plans for the employment of their oganization. After coordination of plans with the GHQ Medical Section, the three members of the advance party departed for Korea.

The Medical Section has received a message from Rome, stating the wishes of the Italian government and the Italian Red Cross that the hospital be assigned, as its primary mission, the care of military casualties. Its secondary mission will be the care of civilian patients.

Italy will be the first non-member of the United Nations to send troops to Korea in support of the United Nations effort.

"Italy is very proud to be serving with the United Nations countries," Lt Novello said, "and all of us in the volunteer hospital unit are eagerly looking forward to treating United Nations patients and South Korean civilians. Italy's heart goes out to the brave United Nations soldiers who have been wounded and to the helpless civilian victims of the present conflict. We feel privileged to serve, even in a small way, in their behalf."

Lt Novello explained that many more than the 70 selected had volunteered for service in Korea, and that those who are assigned to the unit have offered to stay in Korea as long as their services are needed.

AWARDS TO ARMY MEDICAL SERVICE PERSONNEL

The following additional Army Medical Service personnel have been awarded the Distinguished Service Cross, Silver Star, Legion of Merit, Soldier's Medal, Bronze Star Medal with "V", Bronze Star Medal, Air Medal or Commendation Ribbon for exceptional bravery in face of the enemy and meritorious service during the Korean conflict.

DISTINGUISHED SERVICE CROSS

Corners, Stanford O., Sgt

SILVER STAR

Atkins, John, Capt., MSC
Austin, James E., PFC
Baldwin, Richard N., Sgt
Barker, Wesley, L., PFC
Bender, James R., PFC
Bishop, Jackie W., PFC
Bonet-Morales, Carl, Sgt
Brown, Jimmy, PFC
Byland, Guy J., M/Sgt
Cuticchia, Anthony, PFC
Depinenil, Jack, Sgt
Donaldson, Samuel C., Cpl
Dudyk, Paul P., 1st Lt, MSC
Flores, Ramiro G., Cpl
Freytag, Robert J., 2d Lt, MSC
Gentry, James D., PFC
Gilbert Walter, SFC
Hall, Dale E., PFC
Hargrave, Robert W., SFC
Harris, James A., Sgt
Harris, Myers S., Sgt
Hayhurst, Dale W., Capt, MC
Hazwood, Clifford, PFC
Hensley, Tommy, Sgt
Herrick, William H., 2d Lt, MSC
Kazmierski, Chester, Sgt
Knight, Julian R., Cpl
Lecomte, Robert F., Sgt
Loudin, Gibson, Jr., Sgt
Mallette, Richard L., Sgt
McGhee, Willie F., PFC
McMullen, Wayne O., Cpl
Melton, Billie G., PFC
Mileham, Richard L., 1st Lt, MC
Mitchell, Benjamin, Sgt
Nelson, Arthur L., Cpl
O'Neill, William, Cpl
Papademetriou, John, PFC
Pettigrew, Roy L., Pvt
Pierce, John W., Pvt
Prystas, Nicholas, Sgt
Pulver, Thomas, PFC
Robinson, Devigar, PFC
Rosenberger, James, PFC
Schatz, Richard M., Cpl
Shelton, Walter, Sgt
Straight, George A., PFC
Sweeney, Robert J., Cpl
Tarasavage, George, Sgt
Truax, Robert F., Cpl
Tsunoda, Sueo, Sgt
Wolper, Leonard, Cpl
Yeust, Carl W., PFC
York, David E., Cpl

LEGION OF MERIT

Bayne, Joseph K., Lt Col, MC
Cressler, John C., Lt Col, MC
Dubuy, Carl T., Lt Col, MC
Huber, Tyron, E., Lt Col, MC
Johnson, Harry G., Col, MC
Matternes, Lawrence, Col, MC
Orr, Kenneth D., Lt Col, MC
Ramsey, Harry E., Col, DC
Ware, Marvin A., Maj, MSC

SOLDIER'S MEDAL

Snowden, Houston D., Sgt

BRONZE STAR MEDAL with "V"

Adkins, Paul J., Sgt
Adkins, Walter L., Sgt
Ankney, Walter J., Cpl
Arnold, William L., Cpl
Baker, Byron, A., Cpl
Baker, Stanley D., Cpl
Barber, Lloyd, Cpl
Barnes, Henry F., 1st Lt, MSC
Baucom, James T., PFC
Bayne, Joseph K., Lt Col, MC
Bayona-Sanderson, R., Cpl
Belbas, George J., Cpl
Bell, Kenneth, Cpl
Bennett, Thomas H., PFC
Bigham, Russell L., Cpl
Binsell, Clarence W., Sgt
Birmingham, Calvin, 1st Lt, MSC
Bittle, Glenn, Cpl
Blackmore, Johnnie, Pvt
Bokamper, Jesse W., 1st Lt, MSC
Boreyko, John E., Pvt
Bourke, James J., Cpl
Bradley, John J., PFC
Bridges, Clyde E., Sgt
Brooks, John R., PFC
Bryant, Charles R., PFC
Buiz, Abelino, PFC
Burt, Billy O., Cpl
Campbell, James F., Cpl
Chance, Carl J., Cpl
Clark, Bobby G., Cpl
Cobb, Jack H., 2d Lt, MSC
Cochren, Raymond L., Sgt
Cook, James E., Cpl
Cottone, Joseph, Sgt
Cousineau, Robert I., Cpl
Covert, Stanley B., Capt, MSC
Crisofulli, Tony, Cpl
Croissant, Phillip, PFC
Crowell, Raymond F., PFC
D'Amore, Robert A., PFC
Damm, Albert V., Sgt
Davie, Valjean, PFC
Dawkins, Thomas, Pvt
De Jesus-Adorno, To, PFC
Dickinson, Carson, Cpl
Drew, Julian N., Cpl
Esselstyn, Elton V., Sgt.
Evans, George, Cpl
Farnsworth, Norman, PFC
Felix, Donald L., SFC
Fields, Vernon S., PFC
Free, Ray D., Cpl
Free, Ray D., Sgt.
Frye, James D., Pvt
Gall, Frank, Sgt
Garcia, Alberto J., Capt, MC
Geiger, Arizo E., Cpl
Gill, William T., Cpl
Gonzalez-Rivera, Pvt
Green, Frank D., Jr., Cpl
Green, William L., Sgt
Greenlaw, Patrick J., 1st Lt, MSC
Gunnar, Rolf, M., 1st Lt, MC
Hall, Herbert L., Sgt
Hall, Kenneth E., M/Sgt
Harris, Jessie, Cpl
Harris, Raymond G., Cpl
Harris, Roy L., Cpl
Hawkins, Jay R., PFC
Haymes, Marvin A., Sgt
Heath, George P., Cpl
Henderson, Glenn M., Sgt
Hermanski, Eugene, Cpl
Hershey, Roy M., Cpl
Hibbitts, Hugh M., Sgt
Huertas-Marrero Pe, PFC
Hupp, Donald J., PFC
Huth, Edwin A., Cpl
Jimenez-Cruz, Valen, Sgt
Johnson, Johnie L., PFC
Johnson, Milton, Cpl
Jones, Howard C., PFC
Jones, Stanley G., Sgt
Kearns, Ralph E., 1st Lt, MSC
Kelly, Herbert, Sgt
Kragor, Hugh F., Pvt
Laurella, Ralph S., Cpl
Laya, William J., Cpl
Leonard, Edward L., Cpl
Lile, Kenneth P., Sgt
Lloyd, John E., Cpl
Lochart, Oliver W., Pvt
Longbrake, John M., PFC
Lovejoy, Edward C., Cpl
Lowe, Ernest A., Cpl
Luke, Preston H., Sgt
Marion, William F., PFC
Marvin, George B. W., Sgt
McCalip, William H., Cpl
McDonald, Donald L., Sgt
McIntyre, Francis, Cpl
Menard, Noah, Jr., Sgt
Meyer, Lester A., Sgt
Mickel, James W., PFC
Miller, Luis A., Cpl
Molthew, Joseph, PFC
Moore, Edgar J., Pvt
Moore, Joseph N., Jr., PFC
Morales, Manuel, PFC
Morehart, Eugene C., Pvt
Morgan, Joseph A., Jr., PFC
Moyer, Robert H., Sgt
Murphy, Harold, Cpl
Myers, Charles A., Sgt
Myles, Jessie, Sgt
Nau, Conrad A., Pvt
Newell, Donald J., PFC
Nolen, Harold W., Capt, MSC
Nyman, Alfred W., 1st Lt, MSC
Ogden, Charles, SFC
Ortiz, Juan N., PFC
Ortlepp, Armin H., Cpl
Pastrana, Juan J., PFC

Pelot, Mell S., 1st Lt, MC
Perez, Rosendo, Sgt
Phipps, Arthur A., Pvt
Pratt, Eldon G., Sgt
Raines, Marshall, Sgt
Rainy, Curtis W., 1st Lt, MSC
Raycher, John A., SFC
Rimmer, Harold S., PFC
Riordan, Daniel J., Capt, MC
Rivera, Jesus M., Cpl
Rivera-Rivera, Wils, PFC
Robertson, Robert D., Cpl
Rodriguez, Jose M., Capt, MC
Roettger, Edward R, PFC
Rood, Jasper, P., PFC
Ryan, Charles L., Pvt
Sampson, James W., Cpl
Sarka, Rudolph A., 1st Lt, MSC
Scallen, Richard P., SFC
Schane, Donald R., Cpl
Scott, Richard B., Sgt
Shay, Charles N., M/Sgt
Shepard, Harold P., 1st Lt, MSC
Shimizu, Hikoo, PFC
Shouse, Bennie R., Cpl
Shuey, Roy L., Sgt
Smith, Billy G., PFC
Strausberger, Donald, PFC
Suiter, William G., Sgt
Sullivan, Daniel M., Sgt
Swift, Gerald, SFC
Tebo, Kenneth J., Sgt
Terry, Jack R., Sgt
Thacker, Norman E., Sgt
Thomas,Ira L., Sgt
Thomas, Varick N., PFC
Thompson, Leonard M., Sgt
Thomsen, Raymond, Capt, MSC
Trim, Percy L., Sgt
Trout, Roy E., Cpl
Underwood, Charles, Pvt
Vargo, Richard J., Pvt
Vierkant, Arthur L., Cpl
Vollan, Robert M., Pvt
Wagner, Paul F., Sgt
Walton, Franklin D., PFC
Weatherhead, James, Sgt
Weese, Junior L., Cpl
Weller, Robert C., Sgt
Welton, Harold, M/Sgt
Wills, Virgil V., M/Sgt
Wilson, Allyn W., SFC
Wilson, Gerald L., Sgt

BRONZE STAR MEDAL

Adams, Marion H., M/Sgt
Angel, James W., Capt, DC
Austin, Owen W., 1st Lt, MSC
Aviles-Lopez, Pedro, M/Sgt
Balestra, Josephine, Maj, ANC
Banks, John L., Capt, MSC
Bazemore, Juddie R., Sgt
Beach, David L., Sgt
Beard, Ralph M., M/Sgt
Bell, James A., Maj, MSC
Bell,Joseph J., Cpl
Bennett, Raymond L., Maj, MC
Berg, Roland W., M/Sgt
Bero, George L., Capt, MC
Bevans, John F., M/Sgt
Blackburn, Robert D., M/Sgt
Blair, Fred C., Jr., 1st Lt, MSC
Blazetic, John P., Maj, MSC
Boese, Harvey A., Maj, MSC
Borgmann, Charles R., Sgt
Bosboom, Herman I., Capt, DC
Bowman, Howard W., Sgt
Brandvold, Florence, Capt, ANC
Britton, George T., Maj, MC
Brown, William B., SFC
Budge, Robert S., Lt Col, MC
Buffington, Joel W., M/Sgt
Burrow, Roy L., Cpl
Bush, Fred, M/Sgt
Bushouse, Arthur A., Maj, MSC
Byland, Guy J., M/Sgt
Byrd, Paul E., Maj, MSC
Caldwell, Samuel, Lt Col, MC
Cardenas-Lartigue, Gilberto,2d Lt, MSC
Cardinal, Francis, A., Maj, MSC
Cintron, Julio E., Sgt
Cloud, Earl T., Jr., Cpl
Cochran, Charles W., Sgt
Cole, Ercel L., Capt, ANC
Collins, Fred A., PFC
Colosky, George V., SFC
Cornwell, Richard C., SFC
Covert, Stanley B., Capt, MSC
Covington, Robert L., 1st Lt, MSC
Cox, David V., Pvt
Creason, Arthur, Sgt
Cungst, Daniel W., Maj, MC
Daily, Henry R., Jr., Capt, MSC
Dalrymple, Elimira, Capt, ANC
Dams, Albert V., Sgt
Davila, Luis, A., 2d Lt, MSC
Davis, Roy A., Sgt
Day, Andrew C., PFC
Deguenther, Robert, Cpl
Dein, Harry L., Lt Col, MC
Dibble, Elmer E., M/Sgt
Dishman, Lawrence J., Sgt
Dixon, Marvin L., Sgt
Dockter, James J., SFC
Dodrill, Morton, Lt Col, MSC
Dorenkemper, Dorothy, Capt, ANC
Dougherty, Robert, PFC
Dowell, Albert C., Sgt
Dudyk, Paul P., 1st Lt, MSC
Dumas, Benjamin F., SFC
Duran, Raymond, Sgt
Dye, Andrew M., SFC
Espinoza, Ambrocio, Sgt
Fainer, David C., Capt, MSC
Farnsworth, Norman, Cpl
Fernandez, Leopoldo, Sgt
Fernandez-Duran, Ma, Capt, MC
Fitzpatrick, Edward, Sgt
Fournier, Wilfred J., SFC
Fox, Donald C., Capt, MSC
Freitas, Edward W., 1st Lt, MSC
Friedlan, Lawrence, Sgt
Garcia, Luis, M/Sgt
Gentle, Alfred L., Cpl
Gentry, Howard A., Sgt
Giebler, Lois A., Capt, ANC
Gilliland, William, 1st Lt, MSC
Giusti, Raymond A., Capt, MC
Gonzalez, Jose M., SFC
Grauer, Franklin H., Col, MC
Greenhalgh, Russell, Capt, MC
Griffin, Richard P., M/Sgt
Grizzard, Jack H., 1st Lt, MSC
Grockstein, Joseph, M/Sgt
Grosby, Leonard A.J., Maj, MSC
Gussler, Richard B., Sgt
Hammer, Russell J., M/Sgt
Hanson, Noel, SFC
Hanson, Robert H., SFC
Harle, James B., Capt, MC
Harrell, Henry C., Lt Col, MSC
Harris, Eddie V., PFC
Harrison, Ira B., Maj, MC
Hastings, James F., Sgt
Haymes, Marvin A., Sgt
Hazlett, William, Cpl
Hennessy, Carl D., Capt, MC
Hillenbrand, Joseph, Sgt
Hoey, Harry J. R., SFC
Holder, Fred L., PFC
Holmes, James E., Sgt
Horne, Walter C., Cpl
Howard, William K., Capt, MC
Huber, Frank E., Sgt
Hudson, Paul S., Cpl
Hurla, Kenneth C., SFC
Hurless, Keith L., Sgt
Ingram, John, Capt, DC
Jacobson, Donald J., Capt, MC
Jennings, Lowell E., Capt, MSC
Jesseman, Winston C., Maj, MC
Jones, Kenneth W., Capt, MC
Kako, George, Sgt
Kaplan, Gerald, Capt, MSC
Keefe, Mary E., Capt, ANC
Kennedy, James H., SFC
Kjenaas, Ervin A., Maj, MC
Koschok, Andrew M., M/Sgt
Krause, William W., Maj, MC
Kretz, Harold, 1st Lt, MSC
Kurokawa, Terumi, Cpl
Lawrence, Robert M., Capt, MC
Lawyer, Charles C., Sgt
Lee, Charles T., Jr., Capt, MC
Lee, Joseph T., 1st Lt, MSC
Lipinsky, John, M/Sgt
Lowe, Ernest A., Sgt
Maddox, Bill S., PFC
Maldonado, Basilio, Cpl
Margetis, Peter M., Maj, DC
Marshall, Glenn F., Sgt
Marshall, John R., PFC
Mayster, Gene, M/Sgt
McCulley, Lloyd O., SFC
McGloin, William F., SFC
McPherson, Benjamin, PFC
Meadows, Carter L., Maj, MSC
Meinking, James E., Sgt
Mermuys, Ralph J., Cpl
Meyers, Ira F., M/Sgt
Miner, Richard L., Maj, MC
Mitchell, Charles L., Cpl
Mizuno, Hiroki, Cpl
Morris, James L., Sgt
Mosebar, Robert H., Capt, MSC
Moyer, Robert H., Sgt
Mullins, Rudolph, 2d Lt, MSC
Neal, Willard H., Cpl
Nicholson, Russell, Capt, MSC
Nolen, Harold W., Capt, MC
Noon, Stanley A., SFC
Novotny, Regina, Capt, ANC
Nyman, Alfred W., 1st Lt, MSC
O'Connell, Donald T., Sgt
Ogden, Charles H., SFC
Oldag, George E., Maj, MC
Orth, Lloyd E., Cpl
Ouano, Eusebio J., Sgt
Palese, John A., Capt, MC
Papio, Earnest A., Sgt
Parton, George P., Jr., Maj, MC
Perry, James, Sgt
Petty, Joe W., PFC
Phillips, Ollie P., Cpl
Pinegar, Eldon, Jr., Cpl
Pocock, Donald G., Capt, MC
Porter, Kenneth M., SFC

Porter, Philip M., Capt, MC
Preputnick, Michael, Sgt
Preston, William E., Capt, DC
Price, Samuel J., Col, MSC
Quirk, William J., Capt, MSC
Raines, Colden D., Capt, DC
Rainy, Curtis W., Capt, MC
Reicks, Arthur F., SFC
Resel, Frank L., 1st Lt, MSC
Rettie, William, Lt Col, MSC
Reynolds, William L., PFC
Richart Joel H., Capt, MC
Roberts John E., Capt, MC
Robles, Lazaro L., Sgt
Rodriguez, Pedro, SFC
Rohl, David W., Capt, DC
Rourke, Frederick S., SFC
Rubini, Milton E., Capt, MC
Runer, Herbert R., M/Sgt
Runyon, Eugene J., Cpl
Russo, Michael, Cpl
Sansouci, Victor, SFC
Santiago-Hernandez, Sgt
Scallen, Richard P., SFC
Schlalos, John W., M/Sgt
Schmidt, Walter W., Cpl
Schwartz, Leo, M/Sgt
Scott, Theodies, Pvt
Secrest, James L., Maj, MC
Segura, Ramon F., Sgt
Severance, Robert L., Maj, MC
Shelton, Walter, Sgt
Sheridan, John J., Maj, MC
Sieber, Paul E., Maj, MC
Smith, Doyle D., SFC
Smith, Francis J., Sgt
Smith, Rodney T., Capt, MC
Solomon, Robert S., Capt, MC
Stimson, Paul R., Capt, MC
Stoll, Herbert J., Capt, MSC
Stoneraker, Kenneth, 1st Lt, MC
Storrs, Bruce D., Maj, MC
Story, Robert D., Maj, MC
Stoudt, Carl F., Sgt
Sublett, Richard W., SFC
Suzukawa, Fred F., Capt, MSC
Sweeney, John E., PFC
Theilmann, Ethel M., Maj, WMSC
Thomas,Ralph G., Maj, MC
Thompson, Clark, Cpl
Trumble, Ronald A., Sgt
Venable, Marvin C., Maj, MSC
Vergara-Lopez, Carl, Cpl
Vita, Frank J., Lt Col, MC
Wakeham, Richard D., Maj, DC
Walker, J. P., Capt, MSC
Wentworth, Donald R., SFC
Wenzler, Raymond E., 2d Lt, MSC
White, David C., Capt, MC
White, Frederick M., Maj, MSC
White, Thomas W., Sgt
Williams, Howard L., Cpl
Williams, Thomas F., Sgt
Wilson, Allyn W., M/Sgt
Wittlif, Charles L., Capt, MSC
Wright, Lillian A., Maj, ANC
Zager, Bernard S., Capt, MC

AIR MEDAL

O'Neill, Irwin J., Cpl

COMMENDATION RIBBON

Albrant, Stanford R., M/Sgt
Anderson, George, Cpl
Anderson, Roy, Cpl
Arnberg, Wilber H., Maj, MSC
Atkinson, James M., Cpl
Atkinson, William C., PFC
Barber, Earl W., Jr., Cpl
Barrett, Moses, Cpl
Beaird, Howard C., Sgt
Bennett, Sam D., Sgt
Berry, Robert P., SFC
Bindeman, William W., Capt, MSC
Bowling, Waynard A., M/Sgt
Boyd, William, Cpl
Brinkley, Dewitt, PFC
Brown, Alfred M., PFC
Brown, Kenneth L., PFC
Brown, Merle W., Sgt
Brown, Walter E., Cpl
Butterweck, Donald, SFC
Cauble, William E., SFC
Chontos, Richard, PFC
Cirlot, Joseph S., Lt Col, MC
Cooper, Charles E., Sgt
Cooper, Linwood M., Sgt
Cox, John J., Sgt
Curtis, Clarence V., Pvt
Daly, James W., Cpl
DeGelia, Vencent B., Sgt
Delbalso, Joseph R., Cpl
Dial, Evelyn E., Capt,ANC
Dingess, Denver, Sgt
Dockery, James, Sgt
Dodge, Philip R., Capt, MC
Eddleman, Richard E., Capt, MC
Edwards, Charles, SFC
Fatalo, Angelo M., Sgt
Felton, Geraldine, 1st Lt, ANC
Fitzsimmons, Wallace, Capt, MSC
Gaffney, Raymond A., 2d Lt, MSC
Glasby, Thomas C., Sgt
Goodman, Harry A., Sgt
Grady, Albert C., Sgt
Grant, James, Cpl
Gregorian, Jacob W., PFC
Griggs, Oscar B., Lt Col, MSC
Halstead, Raymond N., 1st Lt, MSC
Hannon, Joseph L., Capt, MSC
Harrenston, Roy W., Cpl
Harvey, Samuel J., Jr., SFC
Hatton, Charles, Jr., Cpl
Hazlett, Theodore G., PFC
Hesse, Eugene J., Sgt
Hilding, John M., Sgt
Hiles, Charley, Cpl
Hill, William J., Sgt
Huffman, James V., Capt, MSC
Huling, Clyde W., Cpl
Humentewa, Benedict, Cpl
Jennings, Lowell E., Maj, MSC
Knox, Carroll B., Cpl
Knox, William Jr., Cpl
Larrick, Robert B., Capt, MC
Laspina, Lewis, SFC
Laycock, Robert L., 1st Lt, MSC
Le Comte, Robert F., Sgt
Leverich, Ruluff, F., Lt Col, DC
Levesque, Francois, Cpl
Little, Macon, Jr., PFC
Lynch, Robert P., PFC
Matthiesen, Maynard, Sgt
McCay, Earl W., M/Sgt
Mitchell, Howard P., PFC
Molthen, Joseph R., Cpl
Monteggia, John, Cpl
Morris, Hugh B., Cpl
Nash, James H., M/Sgt
Nichols, Effie B., 1st Lt, ANC
Nicholson, John J., PFC
Nigbor, John P., Sgt
Nyberg, Robert P., Sgt
Ohern, Robert S., Maj, MSC
Peacock, Richard F., M/Sgt
Pelzel, Carl F., Sgt
Porter, Kenneth M., M/Sgt
Pride, Willie D., PFC
Pritchett, T. H., Capt, MSC
Ratchford, James E., Sgt
Redfearn, Ruth, 1st Lt, ANC
Reeb, Virgil S., M/Sgt
Rimmer, Harold S., Sgt
Rinko, Julius R., Sgt
Rought, Arthur L., Cpl
Rubinsky, Bernard, Sgt
Ruiz, Abelino, Cpl
Sandlin, Jack L., Capt, MSC
Sarka, Rudolph A., 1st Lt, MSC
Sawyers, Chester, PFC
Scire, James, 1st Lt, MSC
Simmons, Thomas L., Cpl
Smith, Franklin G., Sgt
Snowden, Houston, D., Sgt
Stephens, Farrell V., SFC
Stimmel, Harry M., Jr., Sgt
Stough, Ralph E., Cpl
Strubb, Allan F., Sgt
Summers, Byron P., Capt, MSC
Suzukawa, Fred F., 1st Lt, MSC
Thompson, Albert, Pvt
Thompson, Donovan W., Cpl
Thrift, Clarence A., Sgt
Van Hees, Janice O., Capt, ANC
Vander, Weide A., PFC
Vandyke, Stephen, PFC
Waltz, Robert C., Capt, MC
Warner, Norman G., Sgt
Watley, Harry E., Sgt
Weatherhead, James, Sgt
Welton, Harold A., M/Sgt
Williams, Gerald E., Cpl
Williams, Jesse, Jr., PFC
Wilson, Howard W., Capt, MSC
Wilson, Leonard L., Cpl
Wright, Robert L., PFC
York, Elta R., 1st Lt, ANC
Zeitz, August S., Capt, MSC

GENERAL RIDGWAY LAUDS RECORD OF SERVICEWOMEN IN FAR EAST COMMAND

General Matthew B. Ridgway, Commander-in-Chief, Far East Command, made the following statement regarding the accomplishments of servicewomen in the FEC on 13 November. The statement was recorded on tape for broadcast in the United States:

"We have, in the Far East Command, servicewomen representing all 48 states and the Territory of Hawaii.

Their contribution in efficiency, skill, spirit and determination has been immeasurable. Their impressive record in this overseas theater since the outbreak of the Korean conflict is a matter of lasting pride to all of us of the Armed Forces who have served with them. Without their help, I am certain there is much we could not have accomplished.

"I should like to emphasize that these women's record of contributions to our mission is not the record of one group or of one service. It is the result of the combined efforts of women of all of our Armed Forces.

"I have seen the trained Army nurse in Korea skillfully ministering to the wounded, comforting them and helping our doctors to save soldier's lives. I have seen Air Force nurses at work, assisting in the swift aerial evacuation of casualties, often in great danger. I have seen Navy nurses laboring long and hard hours to see that no wounded or sick serviceman lacks proper attention. And in my own headquarters, I have seen members of the Women's Army Corps handling vital communications and performing important staff and administrative duties. The story is the same for women who are serving with the Air Force and the Navy.

"It is this unique combination of courageous women in the services -- women who have accepted their share of the responsibility in our common defense of freedom -- that has stirred the pride of all Americans.

"These servicewomen have proved themselves indispensable to the accomplishment of the missions assigned our Armed Forces in the Far East. As the Commander-in-Chief, Far East, and speaking for this entire command, I earnestly wish that we had more women in uniform, of all services, for the many duties they perform so well. We need their help, and we need it more than ever."

UNIT AWARDS TO MEDICAL ORGANIZATIONS

According to Department of the Army General Orders available to the Medical Section, General Headquarters, Far East Command, the following commendations and citations have been awarded to United Nations medical units since the start of the Korean action. It must be noted that certain unavoidable omissions may exist as a result of overseas distribution of authorizing publications.

PRESIDENTIAL UNIT CITATION

Medical Company, 21st Infantry Regiment, 24th Division

MERITORIOUS UNIT COMMENDATION

4th Field Hospital
7th Medical Battalion
60th Indian Field Ambulance (unit)
207th Malaria Survey Detachment
8076th Mobile Army Surgical Hospital
8069th Mobile Army Surgical Hospital
8063rd Mobile Army Surgical Hospital
8055th Mobile Army Surgical Hospital
514th Medical Clearing Company (separate)
363rd Medical Composite Detachment (laboratory)
567th Medical Ambulance Company (separate)

REPUBLIC OF KOREA PRESIDENTIAL UNIT CITATION

25th Medical Battalion
24th Medical Battalion
7th Medical Battalion
2nd Medical Battalion
15th Medical Battalion

INDIAN GIVER

It isn't often that Army Blood Bank Teams are privileged to see an end result of their labors. One such team, however, recently had the dubious pleasure of witnessing such an event while making a collection from Navymen donors at Navy headquarters in Tokyo.

As reported, a mobile unit of the Army Blood Donor group collected a donation from a sailor (who understandably prefers to remain nameless). Then, while walking downstairs to his office, he collapsed. His fast-thinking shipmates gathered him up and carried him right back to where the Blood Bank team was working. Since "one good turn apparently deserves another" the Blood Bank thoughtfully gave him back his pint of blood.

HELICOPTER UNIT PERFORMS 3,000TH RESCUE

An explosion of a hydrogen-filled balloon at the Panmunjom site of the Korean armistice negotiations late in October set the stage for the performance of the 3,000th helicopter rescue-evacuation by pilots of the 3rd Air Rescue Squadron.

Twelve men burned in the explosion of one of the brightly-colored site marker balloons were flown quickly to rear area hospitals for medical attention. Among them was the 3,000th person to be airlifted from a critical predicament by the unit since the start of the Korean war. Piloting the U. S. Air Force helicopter which made the pick-up was 1st Lt George E. Caldwell.

The 3rd Air Rescue Squadron is a Military Air Transport Service organization attached to Far East Air Forces and Fifth Air Force to perform rescue and evacuation missions for the United Nations Forces in Korea.

REDESIGNATION OF ARMY HOSPITALS

Certain reorganizations and redesignations of hospitals and other medical units within Japan became effective 5 November 1951, as directed by General Order No. 321, Headquarters, Japan Logistical Command, 1951.

Tokyo Army Hospital, 8059th Army Unit, and Osaka Army Hospital, 8009th Army Unit, remain with the same designation.

Present Designation	New Designation	APO
8th Station Hospital	U. S. Army Hospital, 8163rd Army Unit	317
35th Station Hospital	U. S. Army Hospital, 8164th Army Unit	9
118th Station Hospital	U. S. Army Hospital, 8162nd Army Unit	1105
128th Station Hospital	U. S. Army Hospital, 8169th Army Unit	50
155th Station Hospital	U. S. Army Hospital, 8168th Army Unit	503
161st Station Hospital	U. S. Army Hospital, 8165th Army Unit	309
172nd Station Hospital	U. S. Army Hospital, 8166th Army Unit	547
361st Station Hospital	U. S. Army Hospital, 8167th Army Unit	1055
395th Station Hospital	U. S. Army Hospital, 8142nd Army Unit	5
Sasebo Station Hospital 8041st Army Unit	U. S. Army Hospital, 8041st Army Unit	190
Nara Station Hospital 8040th Army Unit	U. S. Army Hospital, 8040th Army Unit	40
Omiya Station Hospital 8079th Army Unit	U. S. Army Hospital, 8079th Army Unit	613-3
Tokyo General Dispensary	Tokyo General Dispensary, 8128th Army Unit	500
1st Medical Holding Detachment, Provisional, Tachikawa AB	32nd Medical Holding Detachment	704
2nd Medical Holding Detachment, Provisional, Itami AB	33rd Medical Holding Detachment	15
Medical Service Technician's School (Provisional)	Far East Medical Service Specialist School, 8146th Army Unit	15

RECENT DEPARTMENT OF THE ARMY PUBLICATIONS

AR 40-695, 18 Oct 51: Medical Service - Army and Navy Hospital, Hot Springs, Arkansas

SR 40-610-35, 24 Sep 51: Medical Service - Report of Treatment of Pay Patients (RCS MED-45)
SR 600-400-5, 28 Sep 51: Personnel - Casualties; Nonbattle Dead, Missing, and Evacuated Sick and Injured who are Seriously Ill Originating in Combat Areas
SR 600-400-10, 28 Sep 51: Personnel - Notification Pertaining to Nonbattle Dead, Missing, and Evacuated Sick and Injured who are Seriously Ill in Non-combat Areas
SR 605-25-10, C-2, 5 Oct 51: Officers Appointment in Medical, Dental, Veterinary, Medical Service, Army Nurse, and Women's Medical Specialist Corps, Regular Army
SR 730-630-1, 5 Oct 51: Oversea Supply - Marking of Medical Assemblages

SR 40-230-1, Nav Med P-1340, AFR 160-102, 8 Oct 51: Medical Service - Prevention and Control of Communicable Diseases of Man-Immunization Procedures
SR 40-610-35, C-1, 10 Oct 51: Medical Service - Report of Treatment of Pay Patients (RCS MED-45)
SR 40-340-10, 11 Oct 51: Medical Service - Artificial Teeth, Facings and Backings
SR 40-340-6, 18 Oct 51: Medical Service - Hearing Aids
SR 40-340-5, AFR 160-25A, C-1, 1 Nov 51: Medical Service - Spectacles

TC 31, 15 Oct 51: Medical General Laboratory - (T/O&E 8-650)
TC 34, 22 Oct 51: Para 1b - Venereal Disease Control

DA Cir 73, 4 Sep 51: Sec III - Initial and Separation Dental Examination of Active Duty Personnel
DA Cir 89, 1 Nov 51: Sec IV - Medical Treatment

AUTHORIZATION FOR USE OF NON-APPROVED DRUGS AND TREATMENTS

The following letter from The Surgeon General, Department of the Army, dated 5 November 1951, is reproduced for the information of all concerned:

"It is desired to call to your attention the fact that ACTH and CORTISONE are not advocated by the Army Medical Service for use in the treatment of burns. This is not only because these are dangerously potent drugs whose exact field of usefulness has not been entirely delineated but also because they may decrease the rate of healing, sometimes favor a reduction in immunity to infection and seriously upset metabolic and electrolyte balances. Deaths and serious complications from their use have been reported in civilian literature.

"In this connection it is desired to point out further our concern over the increasing tendency to disregard the regulations (AR 40-507, AR 40-1705 and SGO Circular 162, 1951), which require specific approval of the Surgeon General if new drugs or treatments not approved by the National Research Council, the Council on Chemistry and Therapeutics of the American Medical Association or accepted on the Standard Supply Table, are to be used in Army hospitals. The widespread use of Curare by anesthetists is a case in point as this drug is still the subject of controversy and it has purposely not been added to the Standard Supply Table. It is not intended that funds for non-standard supplies be spent for items which do not fall within accepted policy for use.

"It should be pointed out that there is no desire to prevent qualified medical officers from using new therapeutic agents but policies regarding new agents are adopted in consonance with the best national medical thought. The Army Medical Service should not be the first to adopt new measures before they are found acceptable nor should we be tardy in utilizing new developments. However, this falls within the scope of organized research and development and should not be the uncontrolled function of medical officers in general. It is realized that acceptance by recognized agencies prior to adoption for Army use will slow availability of new agents but rarely are these of emergency life-saving value which would warrant their adoption before proper testing.

"It is urged that these matters be brought to the attention of all key Army Medical Service officers of your command to the end that specific permission for the use of non-approved drugs and treatments be obtained prior to their use in Army hospitals."

ENROLLMENT IN ARMY EXTENSION COURSES

A letter addressed to the surgeons of major overseas commands from the Chief of Army Field Forces, dated 23 October 1951, is reproduced herewith.

"Reference is made to letter, ATTNG-80/129-1 352, 6/136 (20 Apr 51), OCAFF, 20 April 1951, subject: 'Enrollment in Army Extension Courses.' The purpose, objective, and importance of nonresident study by individuals associated with the Armed Services is clearly outlined in the referenced letter, AR 350-300, and SR 350-300-1.

"Analysis of the records of enrollment maintained by the Department of Extension Courses at the Medical Field Service School indicates that members of the Medical Service are not taking full advantage of the opportunities afforded them by this excellent system of nonresident instruction. This fact becomes self-evident when current enrollments are considered in relation to the enrollment potential existent at this time. The referenced enrollment potential is considered to include not only the members of the civilian component in an inactive duty status but also all individuals in an active duty status.

"In view of the evident disparity between actual enrollment and enrollment potential of Army Medical Service personnel, it is considered desirable and essential that action be taken to stimulate interest in the Army Extension Courses among Army Medical Service personnel. This action is deemed necessary in order that the greatest number of individuals concerned may participate in this excellent means of self-instruction, thus improving their military knowledge and capabilities. Attainment of this objective by each individual concerned would prepare each participant to assume his/her proper place within the Army in the event of mobilization.

"Success of your efforts in this matter will also result in the development of a large increment of well trained individuals who would be available in the event of a mobilization. Upon being ordered into the active military service, these individuals would then be of assistance in maintaining the excellent health record achieved in the past by the Army Medical Service.

"Your cooperation and assistance in stimulating interest and enrollment in the Extension Courses of the Army Medical Services is requested."

DANISH HOSPITAL SHIP JUTLANDIA RETURNS TO FAR EAST

The Danish hospital ship, Jutlandia, which departed from the 2d Transportation Major Port August 9th carrying 205 wounded United Nations troops to their homelands, returned to the port on November 7th.

The vessel, a Danish contribution to the United Nations efforts in Korea, visited Smyrna, Port Said, Pireaus, Aden, Marseilles, Southampton and Rotterdam, since her departure, returning Turkish, Brit-

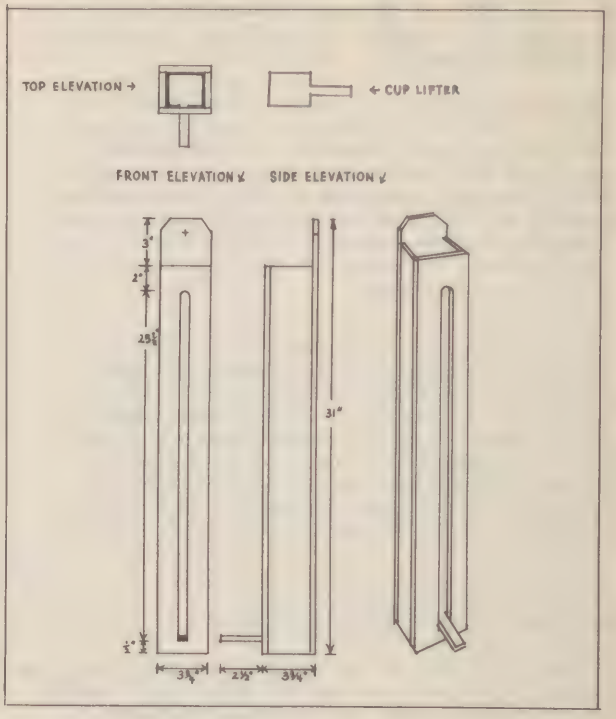
ish, Greek, French, Dutch, Belgian and Ethiopian wounded veterans of the Korean war to their homeland.

The mercy vessel, staffed by Danish medical personnel, has returned to the Far East to render further aid to the United Nations forces.

In mid-summer the Jutlandia was prominently mentioned as the suggested site for the United Nations-North Korean truce conference.

IMPROVISED PAPER-CUP DISPENSER

Latest in a series of useful devices suggested for utilization in medical organizations is a paper-cup dispenser, improvised by WOJG Rex Cornelius, Utilities Officer of the 141st General Hospital. Mr. Cornelius, impressed by the practicality and simplicity of a dispenser which he noticed in a post engineer's office, drew plans and had 24 similar devices constructed. They were so well received by using personnel in the hospital that many more were made.



The dispenser is simply an oblong box, approximately 3" x 3" I.D. and about 31" long, including the hanger extension on top. There is a slot in the front to accomodate a "lifter paddle" about 2-3/4" x 2-3/4" with a 3" handle. However, none of the dimensions are critical, and may be changed to suit local conditions and materials available. In the model shown the slot was cut into a solid piece of lumber, but where only hand tools are available, this could be two separate boards set close enough together to accomodate the lifter handle and nailed to the bottom and with a brace across the top. Almost any type of material can be used but it should be 3/8" material or thinner, to give a neat appearance.

To use the dispenser, a package of cups is put in, open side down, on top of the "lifter". To get a cup, the lifter handle is raised high enough to get a cup out of the top without handling any of the others or touching the rims - a simple efficient and sanitary operation.

NON-BATTLE CASUALTY TERMINOLOGY

Department of the Army radiogram 48801, dated 4 September 1951, as quoted in SGO Circular 183, 26 October 1951, is republished herewith for the information of Far East Command medical service personnel:

"Considerable confusion has been generated and unmerited criticism has accrued to the Army as a result of the use of term 'Non-battle casualties'. Therefore it is directed that the term 'Non-battle casualties' in both official and informal expression throughout the United States be discontinued immediately and that the following terms: Evacuated sick and injured, non-battle; missing, non-battle; and dead, non-battle; be substituted to encompass category of noneffectives previously reported 'non-battle casualties'. "

TECHNICAL

ACUTE PANCREATITIS

Colonel G. M. Powell, MC, Chief, Medical Service, Osaka Army Hospital

Acute pancreatitis is a comparatively uncommon abdominal emergency. However, it is frequent enough to warrant diagnostic consideration in every case of acute abdominal pain, particularly when patients present the picture of severe upper abdominal distress associated with shock or near shock state. Two types of acute pancreatitis have been described: (1) acute edematous and (2) acute hemorrhagic, also referred to as acute pancreatic necrosis.

DIAGNOSIS

Acute pancreatitis may resemble any abdominal emergency. Most commonly it must be differentiated from perforated peptic ulcer, cholecystitis, appendicitis, mesenteric thrombosis, intestinal obstruction, and myocardial infarction.

It is more frequent among heavy users of alcohol and patients with gall bladder disease. However, absence of these conditions does not rule it out. Attacks are prone to recurrences and patients may give a history of similar past episodes. The usual clinical picture is that of a patient in shock with severe upper abdominal pain associated with intense muscle spasm usually not relieved by opiates. These symptoms resemble but are usually less severe than those of perforated peptic ulcer. Severe protracted vomiting is often present. Early diagnosis is made by excluding other acute abdominal conditions and the finding, usually, of an extremely high serum amylase which is four or five times or more than normal. Serum lipase is also elevated but this determination requires 24 hours before the results are known, whereas serum amylase determinations can be made immediately. Serum amylase approaches normal in 2-4 days usually whereas the serum lipase may be 400 in 4-7 days after onset. Associated findings which may be present are: decreased blood calcium (a lot of calcium may be mobilized around the lesion - a Ca of 7 mg on the 4-6th day makes the prognosis grave as this is indicative of a severe pancreatic necrosis), elevated blood sugar, glycosuria, and an increased white blood count. If shock is present the hematocrit and hemoglobin determinations will follow changes in hemoconcentration. A distended isolated loop of small bowel has been described as often present on the flat x-ray plate of the abdomen. The differential diagnosis between acute edematous and acute hemorrhagic pancreatitis mainly lies in the degree of subjective and objective findings. The symptoms are more severe and the prognosis is more grave in the hemorrhagic type. Gray-Turner sign may be present and help in establishing diagnosis.

It is extremely important to differentiate pancreatitis from other acute abdominal conditions, for pancreatitis is much better treated medically than surgically during the first 24 hours. Statistics show fifty to seventy per cent mortality for patients treated early surgically against ten per cent mortality for those treated medically. (Recently, however, there has been one report with only a three per cent mortality for cases managed surgically - therefore, one should watch for changes in the present opinion regarding surgical versus medical treatment.)

MANAGEMENT

Edematous Type

Since symptoms are moderate and usually subside in 24 to 48 hours, treatment should be symptomatic. Patient should be hospitalized, placed at bed rest, and observed carefully. If symptoms do not disappear in 36 to 48 hours these patients should be treated as those with the hemorrhagic type.

Hemorrhagic Type

1. Transfusions - If patient is in shock administer whole blood in sufficient amounts to correct shock. If blood is not available, plasma may be used.

2. History and physical - Take a brief history and physical on admission, then examine patient frequently particularly for changes in abdominal tenderness and rigidity and the development of any abdominal masses.

3. Consultations - Secure a surgical consultation immediately and watch patient with a surgeon. If patient fails to improve or becomes progressively worse, prompt surgical intervention is indicated.

4. Blood pressure and pulse - Take and record graphically every 30 minutes while in shock, then every 2 hours for 24 hours and then as often as indicated.

5. Fluid balance - Measure and record graphically the 24 hour fluid intake and output. Normal saline, plasma, and blood should be administered intravenously in amounts sufficient to overcome shock and maintain a urine output of 1500 cc daily. Glucose should be administered only after sugar determinations have been made because of frequently associated diabetes mellitus.

6. Gastric suction - Wangensteen drainage should be instituted immediately.

7. Laboratory examinations

   a. CBC and hematocrit - initially and at least every 12 hours.

   b. Urinalysis daily.

   c. Blood chemistries.

      (1) As early as possible, obtain: amylase, lipase, calcium, sugar, urea nitrogen, chlorides, CO_2 combining power, bilirubin, total protein, albumin, and globulin determinations.

      (2) Every 24 hours repeat sugar (watch for development of diabetes), amylase, lipase, and other studies as necessary.

8. X-ray examination - Obtain flat plate of abdomen in supine and upright positions.

9. Medications -

   a. Demerol - 100 mgm subcutaneously every four hours as necessary.

b. Atropine sulphate - 0.4 mgm (1/150 grain) subcutaneously every six hours as necessary.

c. Phenobarbital sodium - 0.12 gram (2 grains) beginning after pain has been reduced. Repeat every six hours as necessary.

d. Crystalline penicillin 100,000 units every three hours and streptomycin 0.5 gram every six hours.

e. Insulin in amounts necessary to control hyperglycemia - be careful not to produce hypoglycemia as this results in stimulation of the pancreas via the vagus.

f. Other drugs:

(1) Amphojel - may be instilled through the gastric tube to reduce acidity.

(2) Amylnitrite pearls and nitroglycerin sublingually have been used in an attempt to relieve duodenal and ductal spasm.

(3) Ephedrine - subcutaneously has been used to relieve pancreatic secretions.

g. Paravertebral block - Paravertebral block with procaine may relieve persistent pain - however, this procedure is not without hazard in acutely ill patients, particularly when shock or low blood pressure is present.

EXPERIENCES IN THE OPERATION OF A CONVALESCENT HOSPITAL

Major Joseph W. Cooch, MC, US Army Hospital, 8079th Army Unit

The idea of a convalescent hospital is not new. As long ago as 1863, a convalescent hospital was operated in Alexandria, Virginia, for the Army of the Potomac. Since convalescent reconditioning in a group rather than an individual basis is more a military than a civilian concept, the peaceful years following the Civil War were not conducive to the development of these principles of reconditioning. There was need for convalescent training during World War I and camps were set up for the purpose, but the idea faltered in the years between the World Wars and it was not until the work of Rusk during World War II that serious thought was given to a formal type of convalescent rehabilitation and to the elaboration of principles whereby a scientific approach to the subject could be developed.

It is only when large masses of patients are in need of convalescence that it becomes more feasible to operate a separate installation for a reconditioning hospital rather than have the same type of service provided in a section of a general or station hospital. During peacetime it is unusual to have sufficient convalescents in a geographical area small enough to be efficiently served by a convalescent hospital so that again after World War II all the existing convalescent hospitals were deactivated.

During 1950 the outbreak of hostilities in Korea resulted in large numbers of casualties for which the hospitals then existing in Japan were ill-prepared to handle without great expansion or marked modification of their evacuation policies. One of the measures taken to meet the need for available beds was the establishment of convalescent hospitals in Japan wherein patients who had completed their definitive medical or surgical treatment could be rehabilitated for duty under medical supervision but without the elaborate machinery needed in a general or station hospital.

The experiences herein related are concerned with the operation of one of these hospitals.

The great majority of the patients come from other hospitals in Japan where, whether the patients are evacuees from Korea or had been stationed in Japan, they had received definitive care. The exceptions to this general rule are ambulatory neuropsychiatric patients who are admitted in many instances directly from Korea. In all cases patients are given a brief but comprehensive physical examination on admission. A by-product of this initial examination is the discovery of many previously undescribed conditions which have been overlooked or regarded as inconsequential at other hospitals, perhaps because of the importance of the major cause of hospitalization.

Following the physical examination the medical officers issue orders for treatment, make an initial estimate of the probable length of convalescence, make an appointment with the patient for an evaluation not in excess of seven days later and assign the patients to a reconditioning class. A positive approach to the patients is always made, suggesting to them the fact that they will soon be ready for duty.

While there are many classifications of convalescent patients, the one used here was found to combine simplicity of operation with sufficient individualization of treatment. Class I patients are practically ready for duty and participate in a full training program. Class II patients are able to take part in all training games but are in need of a protected course of treatment. (For operational purposes there is no separation of these classes.) Class III patients can perform only certain aspects of the program and are given separate physical activities from the Class I and II patients. Class IV patients are bedfast. There are seldom more than 5% Class IV patients in the hospital and these are kept in a sick ward and not included in any formal reconditioning program. Patients who are expected to remain in Class IV for any extended periods are transferred to other hospitals.

Class III patients are further classified during certain phases of activity to an Arm group, a Leg group, a Slow group, a General group, and a Special group. This subclassification is used principally to insure that each patient will receive the sort of calisthenic exercise he needs.

A training schedule for one week at a time is prepared for the patients, with many aspects involving all the patients but with separate activities planned for Class III patients as opposed to the more strenuous activities given those in Class I and II. For example, when a five mile hike is scheduled for Class I and II, sports and games (volley ball, softball, horseshoes, etc.) are provided for those unable to hike. It is of interest

that many patients who were in Class III because of such limitations as upper extremity wounds or chest wounds preferred to make the hikes to participating in sports.

When the hospital was opened an attempt was made to plan on a two week period of reconditioning and to set up a schedule which would gradually increase the physical activity over a fourteen day period, but the arrival of patients in all stages of convalescence and at irregular times during the training cycle showed this plan to be impractical, so the one week schedule, with close supervision of assignment of individual patients and separate activities for people in accordance with their abilities, was substituted.

While in general, adherence to the published schedule is strict, improvisations have been made and advantage taken of special opportunities for either entertainment or training. Patients are taken, when transportation is available, to another camp for swimming, since a pool is not present at this post. When special entertainers arrive without notice a show is given in a period previously scheduled for close order drill or a training film. Other modifications include the use of a hobby shop as an Occupational Therapy Department for patients with hand injuries.

Throughout the training day physical activities are alternated with lectures, demonstrations, training films, Troop Information Discussion Groups and so on. Patients are excused from training for regular rechecks by medical officers, dental care, physical therapy appointments, and necessary administrative, supply and personnel matters. An attempt is made to schedule administrative appointments during hours that do not interfere with training. Care has to be taken to insure patients' prompt return to their formation after the completion of their necessitated absence.

Throughout their stay in this hospital patients are repeatedly reminded of the fact that they are soldiers and as such are subject to strict military discipline. Patients move in formation, are required to be in a prescribed uniform appropriate to their activity and are required to render military courtesies incumbent on any garrison troops. Regular inspections are held and a special attempt is made to return soldiers to their units with the habit of being, looking like and acting like good soldiers.

Throughout their stay in the hospital patients are regularly examined by medical officers. They are seen as desired on a "sick call" basis and every patient is seen at least once a week. Having seen a patient, the medical officer will either continue the patient in his present class, or move him to a higher or lower class, or order him to duty. Psychiatric patients are seen at such intervals as seem best to the psychiatrist. In any case, intercurrent illnesses and injuries are taken into consideration and treated along with the principal cause of hospitalization.

It has been found that patients with open wounds do poorly under the reconditioning program and these are kept in Class IV until their wounds are closed. When any but minor surgery is needed, patients are transferred to other hospitals.

Patients in casts, on the other hand, do exceptionally well. The general reconditioning keeps them in good shape and when casts are removed, physical therapy with or without occupational therapy is superimposed on the continuing physical reconditioning. For such patients, the use of either infrared heat or whirlpool baths, followed immediately by resistance exercises proves very satisfactory.

Patients with chest or abdominal wounds do well, provided their wounds have closed. Some of them require a considerable period of convalescence but return to duty in excellent condition.

Ambulatory neuropsychiatric patients are not segregated and are carried into the training program with the others. Except for the fact that they are given psychotherapy (with or without amytal interviews), no chance is given them to develop an idea of being "patients" or of being "different". The promptness with which the great majority have been able to return to duty is convincing evidence that this policy is effective. While statistics are not available to prove or disprove the point, it is a clinical impression that neuropsychiatric patients admitted directly from Korea do better than patients who are admitted to a general hospital or neuropsychiatric center before being sent here.

Of course, a few patients have had to be transferred to other hospitals because of treatment failures or because of a psychosis which was unrecognized on admission, but these were a small minority. Actually of the first 6,000 patients admitted, less than 4% were sent to another hospital rather than being sent to duty. These are overall figures and do not refer to neuropsychiatric patients alone.

All patients are treated to a liberal "pass policy". Patients are permitted passes four nights a week, up to midnight, provided there is no medical contraindication and provided they are not being punished for infractions of post or hospital regulations. All the facilities available are provided for the patients; a theatre, post exchange, athletic activities (on both a participating and spectator basis), a chapel, variety shows, a well-equipped Red Cross Recreation Hall, a library, etc. Anything that can be done for the patients' benefit is done. There have been many problems that seemed difficult to face but which usually settled themselves. Personnel assigned to the unit had, for the most part, no previous association with this type of hospital, but the eagerness with which they have approached their jobs has usually been sufficient to overcome their inexperience. Patients who had been waited upon in general hospitals found the discipline of this sort of unit a bit of a shock, but for the most part adapted well to the consistent firmness with which they were treated. There are the expected proportion of patients with character disorders who have attempted all of the old subterfuges to postpone their return to duty. While some of them became somewhat notorious few of them were more than moderately successful.

Probably the most interesting experience of the operation has been that of observing the resourcefulness with which the unit, thrown together with no previous unit training and in a majority of instances no individual medical experience, has approached its mission. The improvisations of equipment, technique and procedure which have been produced have more than overcome the deficiencies in supplies and experience with which it began its task.

INFLUENZA

Consultants Division, Medical Section, GHQ, FEC

Influenza in the past five years in the Far East Command, while never occurring in severe epidemic form, has been seen in sporadic localized outbreaks yearly. Being on the threshold of the winter season, the possibility of the occurrence of epidemic influenza must be borne in mind. Epidemic influenza should be suspected any time there is a significant rise in the incidence of upper respiratory infections with signs and symptoms consistent with those commonly associated with clinical influenza.

Suspected or proven outbreaks of influenza should be reported to Surgeon, Far East Command, immediately. Reports Control Symbol MED-16 applies.

In non-epidemic periods and in the early phases of an outbreak, the clinical diagnosis of influenza is not properly made without corroborating laboratory evidence. Laboratory confirmation of the presence of influenza virus infections existing in a given population is primarily of epidemiologic importance to units in the immediate area. This knowledge is also of value to Command and Theater Surgeons and is reported through The Surgeon General to the Influenza Commission of the World Health Organization.

The presence of active influenzal infection in human population segments can be ascertained by two reliable methods. The first method consists of recovering the influenza virus from throat washings obtained from human patients. The isolation of an influenza virus is an especially important procedure, to be attempted early in an influenza epidemic, or from individuals seen in sporadic outbreak, since it is epidemiologically important to recognize the appearance of any strain of virus having an antigenic composition markedly different from the known influenza strains.

The second method for demonstrating the presence of clinical influenza is to show an increase in specific antibody to strains of influenza virus. Such antibody is capable of inhibiting a standard hemagglutination system of known influenza virus and human red blood cells. Basically, the technique used to determine such agglutination-inhibition antibody consists of adding a standard red cell-influenza virus mixture to serial two-fold dilutions of the suspected serum (1/8, 1/16, 1/32, 1/64, 1/128, etc.) and recording the last dilution of serum which is capable of inhibiting the system as the hemagglutination inhibiting titer. Paired sera from individual patients are tested against three standard strains of influenza virus, Type A (PR-8), Type A' (FM-1), and Type B (Lee). Generally, the naturally occurring influenza strain will evoke a major antibody response to one of these standard strains. A four-fold or greater rise in titer (2 or more tubes difference) is considered diagnostically significant. While minor degrees of serological crossing occur between A and A' types, in most cases the serological response is sufficiently type specific to identify the infecting influenza virus.

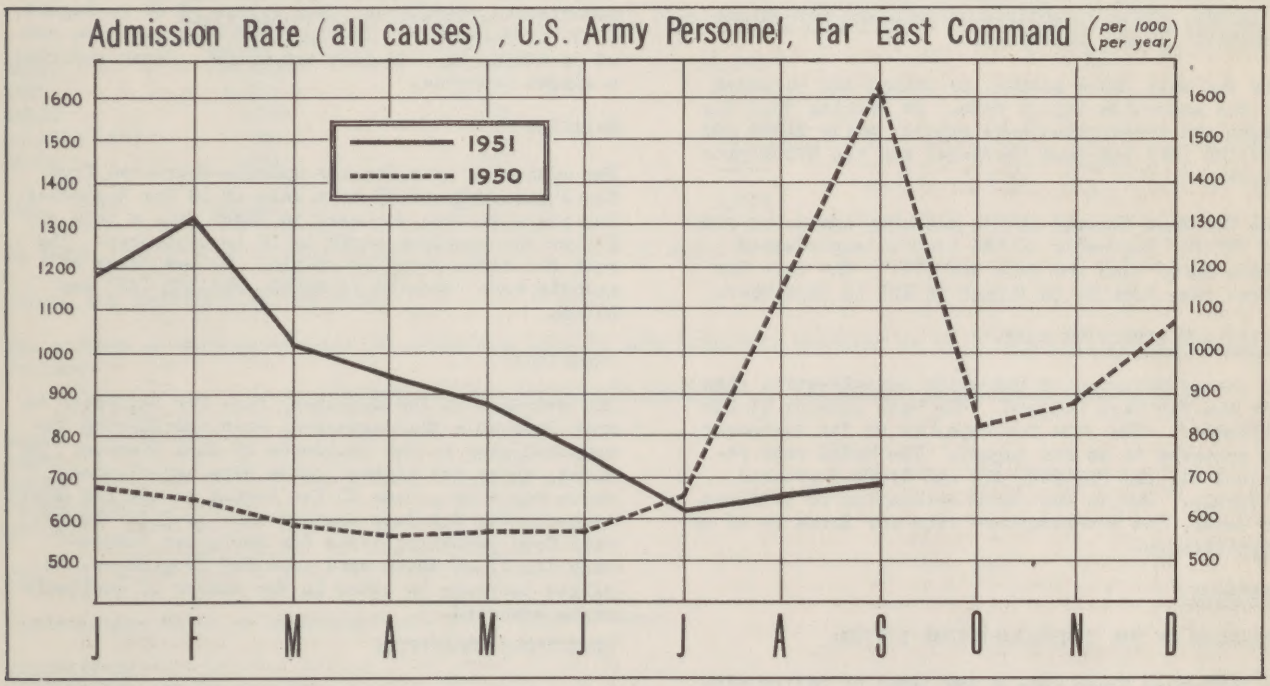
The 406th Medical General Laboratory maintains facilities for the performance of both of these laboratory procedures. In the initially recognized clinical cases of influenza in Service Units, effort should be directed towards attempting isolation of influenza virus. Throat washings, collected within 48 hours after the onset of clinical illness by allowing the suspected patient to gargle deeply with 15-20 cc of nutrient broth, should be placed in sterile wide-mouthed specimen jars, stopped, frozen immediately and sent to the Laboratory. Consultation with the Commanding Officer, 406th Medical General Laboratory by telephone (Tokyo 26-7442) is recommended in such instances to avoid duplication of effort and to insure the proper and expeditious handling of specimens suspected of containing virus. Should attempts at isolation of virus not be feasible or should the antigenic type of the prevalent influenza virus be known, effort should be made to obtain paired blood specimens from at least ten (10) suspected cases. The acute specimen drawn within 48 hours after onset of disease should consist of at least 10 cc of whole blood placed aseptically in a sterile, stoppered test tube and clearly marked with adhesive labeling, indicating the patient's name, rank, serial number, organization, date of onset of disease, and date of collection. Specimens should be forwarded as soon as collected to the 406th Medical General Laboratory, APO 500, by the most expeditious means. Second serum specimens on individual patients, drawn between the seventh (7th) and tenth (10th) day of disease, may then be sent in a similar manner when they are obtained. It should be emphasized that paired serum samples drawn as indicated are essential to provide adequate samples for the serological diagnosis of influenza.

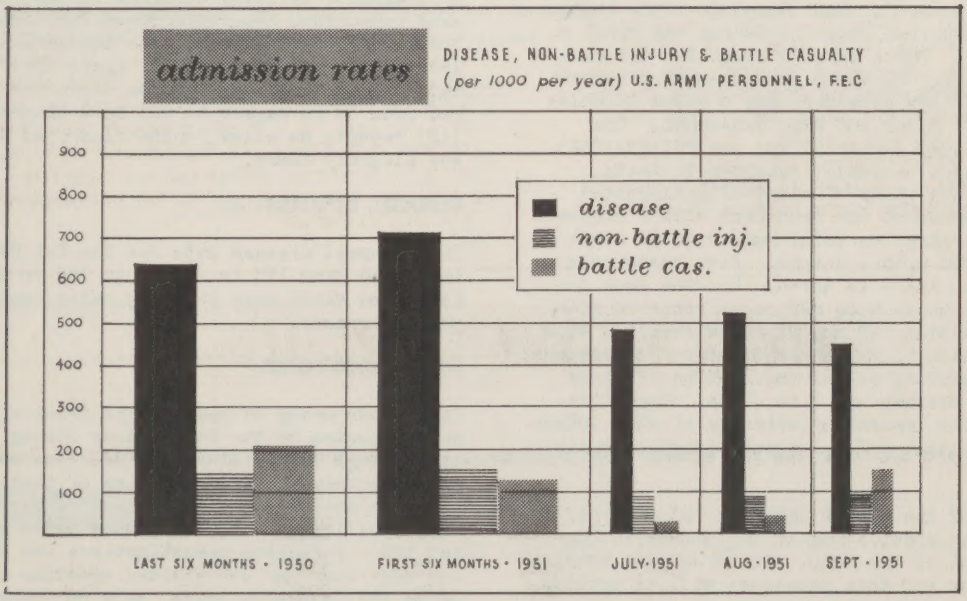
HEALTH OF ARMY TROOPS, FEC

Admission rates per 1,000 troops per annum, Army personnel, for the four-week period ending 26 September 1951 were as follows:

	FEC	JAPAN	KOREA	MARBO	PHILCOM (AF)	RYCOM
All Causes	689.	473.	812.	334.	295.	422.
Diseases	448.	408.	474.	209.	215.	368.

	FEC	JAPAN	KOREA	MARBO	PHILCOM (AF)	RYCOM
Injuries	95.	65.	111.	125.	80.	54.
Battle Casualties	147.	0.	227.	0.	0.	0.
Psychiatric	28.	13.	36.	7.0	8.9	15.
Common Respiratory Diseases and Flu	64.	94.	49.	56.	36.	62.
Primary Atypical Pneumonia	1.9	1.8	2.0	0.	0.	0.
Bacillary Dysentery	0.67	0.45	0.81	0.	0.	0.
Amebiasis	0.91	0.45	1.2	0.	0.	0.
Malaria, new	13.	15.	14.	0.	0.	0.
Infectious Hepatitis	7.6	5.	8.8	14.	0.	7.3
Dermatophytosis	4.5	3.7	4.7	0.	0.	9.4
Rheumatic Fever	0.42	0.56	0.38	0.	0.	0.
Venereal Diseases	185.	204.	179.	14.	45.	172.
	DAILY NON-EFFECTIVE RATE					
All Causes	23.	51.	9.6	11.	43.	11.





ALL CAUSES ADMISSION RATE:

In September, Army personnel of the Far East Command were admitted to medical treatment facilities and quarters for all causes at a rate of 689 per thousand strength per year. The rate for August was 658. Decreases were experienced in all commands except Korea where the rate rose from 749 in August to 812 in September. The increase in the all causes rate for Korea and which is reflected in the Far East Command rate is due entirely to the sharp rise in battle casualties.

The disease component of the all causes admission rate presents a gratifying picture of the health of the command. The rate decreased from 519 in August to 448 in September. This is the lowest disease rate since July of 1950 when the rate was 429. Common respiratory diseases and influenza increased slightly, while dysentery, malaria and infectious hepatitis showed decreases.

For the past three months, no change has occurred in the nonbattle injury rate. It remains 95. The Japan and Korea rates were static, while MARBO and PHILCOM (AF) reported increases and the RYCOM rate decreased.

The Far East Command battle casualty admission rate of 147 for September is the highest experienced since April when the rate was 177. The rate for Korea rose from 68 in August to 227 in September.

DAILY NON-EFFECTIVE RATE:

No change occurred in the daily non-effective rate for the Far East Command. The rate remains 23 for September. The rate for Japan is 51 for September as compared to 46 for August. The MARBO rate remained 11, and PHILCOM (AF) and RYCOM decreased slightly. Due to the rapid evacuation of patients to Japan, the non-effective rate for Korea is of no significance.

DISEASES:

DISEASES OF THE CENTRAL NERVOUS SYSTEM:

In September there were 8 new cases of poliomyelitis reported in the Far East Command. This brings the total of reported cases to 64 for the first 9 months of 1951. There were 66 cases for the same period last year. Of the 8 new cases, 5 occurred in Korea among Army personnel and 3 cases in PHILCOM (AF) in Air Force and Navy personnel. One Korea case in Army personnel and one PHILCOM (AF) case in Air Force personnel resulted in death. There were 10 new cases of clinically diagnosed encephalitis reported for September with 2 deaths resulting, bringing the total number to 61 cases reported in 1951 with 3 deaths. Five cases originated in Japan and 5 in Korea. For the same period last year there were 292 cases reported with 18 deaths resulting. Of the 61 cases reported this year, 5 have been confirmed as Japanese "B" encephalitis by laboratory procedures. Three of these originated in Okinawa and 2 in Japan. Suggestive but not positive laboratory evidence of this infection was demonstrated for one case originating in Korea.

Continuation of the use of Japanese "B" encephalitis vaccine is under study in the Office of The Surgeon General of the Army. It is not yet known here whether or not this procedure will be applied during the coming year.

Seven new cases of meningitis of various types occurred in September, making a total of 38 cases for 1951. Six cases were reported from Korea and one from PHILCOM (AF). There were no deaths during September.

PSYCHIATRIC:

Only a slight increase occurred in the incidence of psychiatric conditions for the Far East Command. The rate for September is 28 compared to the August rate of 25. In August, the increased rate in Korea was consistent with the rise in battle casualties. The psychiatric rate for Korea rose from 28 in July to 32 in August, while the battle casualty rate rose from 50 in July to 68 in August. However, this was not the case in September when a sharp rise in battle casualties from 68 to 227 was experienced, while only a minor increase occurred in the incidence of psychiatric conditions, from a rate of 32 in August to 36 in September. No significant changes are noted in MARBO, PHILCOM (AF) and RYCOM. Japan reported a slight decrease.

MALARIA:

The admission rate for new malaria decreased from the August rate of 18 to a rate of 13 for September. The sharpest drop occurred in Japan from a rate of 27 for the previous month to 15 in September. The rate for Korea remained static. No new cases of malaria were reported in MARBO, PHILCOM (AF) and RYCOM.

DYSENTERY:

The decrease in the dysentery rate for September is more favorable than expected, even considering the seasonal drop in the incidence of this disease. In Korea, where the highest rates were experienced, there was a drop from 10 for August to 4.4 for September. The Far East Command rate is 3.3. Bacterial food poisoning cases for September totaled only 13, 11 of which were reported from Korea. A slight increase is noted in the number of amebiasis cases reported.

INFECTIOUS HEPATITIS:

A remarkable decrease occurred in the Far East Command infectious hepatitis rates for September. The 7.6 rate for September is the lowest since October 1950 when the rate was 4.1. Again this lessened rate is attributable to Korea where the rate dropped from 15 in August to 8.8 in September. PHILCOM (AF) reports no cases, while Japan and RYCOM rates are slightly lower.

VENEREAL DISEASES:

The venereal disease rate for the Far East Command increased from 177 in August to 185 in September. Korea and MARBO were the only major commands to report decreases.

HEMORRHAGIC FEVER:

Forty-four cases of hemorrhagic fever with 4 deaths were reported by the Eighth Army during September. This brings the total number of cases reported to approximately 150 from the time of their first appearance in June through the end of September. The case fatality rate has continued to be between 12% and 15%. Intensive investigations are continuing but have thus far not yielded specific information as to the causative agent, mode of transmission or

effective method of treatment. The sulfonamide drugs and the antibiotics have been of little value.

OTHER REPORTABLE DISEASES:

Only a slight seasonal rise occurred in common respiratory diseases and influenza. The pneumonia rate dropped from 6.6 in August to 5.6 in September. There were no cases of scarlet fever, typhoid, typhus, tetanus or smallpox in the command.

DEATHS:

During the four-week period covered by the September report, 85 deaths of U. S. Army personnel were reported by all medical treatment facilities in the Far East Command. Of this total, 12 deaths were due to disease, 13 to nonbattle injuries and 60 to battle casualties. Ten deaths occurred in Japan, 74 in Korea, and one death due to disease was reported from PHILCOM (AF). One battle casualty death occurred on the U.S.S. Repose.

HOSPITALIZATION:

The bed status as of 26 September 1951 was as follows: (These data cover all patients, Army, Air Force and others.)

	Designated Beds	Operating Beds	AVERAGE BEDS OCCUPIED All Patients Army Hospitals	Army Patients USAF Hospitals
JAPAN	8,250*	10,250	6,098	256
KOREA	4,700	5,173	2,288	1
MARBO	200	390	51	0
PHILCOM (AF)	100	116	63	8
RYCOM	400	388	225	0
FEC	13,650	16,317	8,725	265

In Korea, there were 12,000 POW operating beds, 8,374 of which were occupied.

(*Does not include 2,000 TD beds)

The percent of designated beds and operating beds in Army Hospitals occupied as of 26 September 1951 was as follows:

	Percent of Designated Beds Occupied	Percent of Operating Beds Occupied
JAPAN	59*	59
KOREA	49	44
MARBO	26	13
PHILCOM (AF)	63	54
RYCOM	56	58
FEC	56*	53

(*Percentage based on designated beds plus 2,000 TD beds)

EVACUATION:

Tabulated below is the number of patients (all types of personnel) evacuated from the major commands to the ZI during the four report weeks in September and the number of patients awaiting evacuation as of 28 September 1951:

	By Air	By Water	TOTAL	Patients Awaiting Evacuation
JAPAN	1,406	5	1,411*	70
MARBO	1	1	2	1
PHILCOM (AF)	12	1	13	0
RYCOM	48	6	54	44
FEC	1,467	13	1,480	115

(*1,305 patients originated from Korea)

on the cover

At the 8209th Mobile Army Surgical Hospital, Maj Jesse F. Brown, Commanding Officer, administers whole blood to a patient preparatory to surgery. All photographs are from US Army Signal Corps unless otherwise stated.

The Chief Surgeon extends an invitation to all Far East Command medical personnel of the U. S. Army, Navy and Air Force, or of the United Nations, to prepare and forward with view to publication, articles of professional or administrative nature. It is assumed that editorial privilege is granted unless author states otherwise.

1st Lt. John J. Griffin, MSC EDITOR

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